MULTIPLE DEPENDENT CLAIM SERIAL NO. **CULATION SHEET** FEE C FILING DATE (FOR U WITH FORM PTO-875) APPLICANTS) CLAIMS (703) 385-8421 AFTER ! AS FILED AFTER I"AMENDMENT AFTER I MAMENDMENT AS FILED AFTER IND. DEP. I"AMENDMENT IND. DEP. IND. DEP. 1 MAMDIDMENT IND. DEP. IND. DEP. IND. DEP. 58 et er stadigestellerigigestellerigische seine er estellerigische 12 -<u>13</u> e: <u>27</u> (I) 29 <u>35</u> (A) TOTAL IND T TOTAL DOD A TOTAL DEP **∲**≢ TOTAL DEP TOTAL CLADG

U.S. DEPARTMENT of COMMERCE